



**CITY OF NORFOLK
PLANNING COMMISSION**

**DEPARTMENT OF PLANNING & COMMUNITY
DEVELOPMENT**

5TH FLOOR, ROOM 508
810 UNION STREET
NORFOLK, VA 23510
(757) 664-4752
(757) 664-1569 (FAX)
WWW.NORFOLK.GOV/PLANNING

**ZONING ORDINANCE TEXT
AMENDMENT APPLICATION**



Application Procedures

1. A pre-application meeting is strongly recommended. To arrange for an appointment, please call 664-4752.
2. Submit completed application with all required attachments including Survey/Site Plan (*see attached Site Plan example), check for \$415 made payable to Treasurer, City of Norfolk, Description of request or any other relevant information.
3. Staff will review application to determine completeness.
4. Applicant **must** attend public hearing:
 - ? Where: City Hall Building
11th Floor, Council Chambers
 - ? Time: 2:30 p.m.
5. During the Commission's hearing:
 - ? Applicant must register to speak
 - ? Staff will present application and recommendation
 - ? Applicant/representative may make a presentation
 - ? Proponents may speak
 - ? Opponents may speak
 - ? Rebuttal
6. The Planning Commission will make a recommendation on the application at their hearing which will be forwarded to City Council.
7. The applicant may contact staff 2 weeks after the hearing to obtain a tentative Council date (the City Manager's Office establishes the contents of Council's agenda).
8. The amendment request will appear on Council's agenda twice—the 1st time Council will vote on a hearing date, and the 2nd time will be the hearing.

DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT ZONING SERVICES

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ZONING ORDINANCE TEXT AMNEDMENT APPLICATION



Application For City Planning Commission Public Hearing

TEXT AMENDMENT

Zoning Ordinance Text Amendment

(\$415.00)

Amend Section(s) _____

Add New Section(s) _____

Date of application: _____

Name of applicant: (Last) _____ (MI) _____ (First) _____

Mailing address of applicant (Street/P.O. Box): _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number of applicant () _____ Fax number () _____

DESCRIPTION OF AMENDMENT

Purpose of Amendment _____

REQUIRED ATTACHMENTS:

√ Language for the text amendment (*see Example attached).

CERTIFICATION:

I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:

SIGNED:

_____ / / _____

(Applicant signature)

(Date)

DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

810 Union Street, Room 508

Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569

Filing Deadlines & Hearing Dates

FILING DEADLINE

December 8, 2003
January 12, 2004
February 9, 2004
March 8, 2004
April 12, 2004
May 10, 2004
June 7, 2004
July 12, 2004
August 9, 2004
September 13, 2004
October 11, 2004
November 1, 2004
December 13, 2004

HEARING DATE

January 22, 2004
February 26, 2004
March 25, 2004
April 22, 2004
May 27, 2004
June 24, 2004
July 22, 2004
August 26, 2004
September 23, 2004
October 28, 2004
November 18, 2004
December 16, 2004
January 27, 2005

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TEXT AMENDMENT EXAMPLE

11-32. Medical center sign overlay district.

11-32.1 *Purpose statement.* In accordance with the provisions of section 11-15, it is the intent of this sign overlay district to upgrade and improve identification of the multiple uses located within the medical complex. Details regarding the size, materials, colors and placement of the signage are contained in design/planning project review final documentation prepared by architectural graphics dated August 10, 2001.

11-32.2 *Building identifier signage.* Signage which identifies individual buildings within the institutional campus.

11-32.3 *Pedestrian directional signage.* Signage which is pedestrian in scale and nature that provides direction to those traversing the institutional campus by foot.

11-32.4 *Parking identifier signage.* Signage which directs automobile traffic to appropriate parking areas

11-32.5 *Vehicular directional signage.* Signage which directs automobile traffic within the institutional complex

(Ord. No. 40,521, § 1, 11-27-01)